05386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maternity Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 Day

Stay in this community (yrs., or mos., or days)

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland, County Dorchester

City or town Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Virginia Bruce Asplen

3. (b) Social Security Number no — Infant.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Infant

6 (b) Name of husband or wife ✓

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/6/1940

8. AGE: Years | Months | Days 1 | If less than one day ___ hrs. ___ min.

9. Birthplace Cambridge Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Wm P. Asplen Jr
13. Birthplace Shadfords Md

MOTHER
14. Maiden name Elsie Gillis
15. Birthplace Eden, Md.

16. Informant Wm P. Asplen Jr

Address Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/8/40 (month) (day) (year)

Cemetery or crematory Dar Mem. Park

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 5 – 8 1940 (Date rec'd by registrar) John Mace Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 7 1940, at 9.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to May 7 1940, and that I last saw her alive on May 7 1940.

Immediate cause of death: Premature infant 7 months with repeated convulsions

Due to cause unknown probably some congenital defect. No

Due to injury during birth

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION: 24 hrs.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M. D. M. D. or other

Address Cambridge Md Date signed May 8 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUN 4 1940
BUREAU V. S.

05387

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164c)

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge R.F.D. #3 Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 67

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Mary Land County Dorchester

City or town Cambridge R.F.D. #3 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Charles H Beckwith

3. (b) Social Security Number ✓

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sophia Hutton

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 7-12-1872

8. AGE: Years 67 Months 10 Days 19 If less than one day ___ hrs. ___ min.

9. Birthplace Don Co. Md.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Retired

FATHER 12. Name Nemiah Beckwith

13. Birthplace Md

MOTHER 14. Maiden name Frances Mitchell

15. Birthplace Md

16. Informant Mrs Sophia Beckwith

Address Cambridge R.F.D. Md

17. Burial. Date thereof 6/11/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oak Lawn

Location Baltimore Md

18. Funeral director G S L Campts

Address Cambridge Md

19. 6-10 1940 John Mace Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH About May 30 1940, at — M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Pistol Shot through Skull & Brain.

Due to

Due to Body found on June 9-1940

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: about

Accident, suicide, or homicide Suicide Date of May 30/40

Where did injury occur? Mr Woods - Mr Cornelsville

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Pistol shot Injured at work? No

23. SIGNATURE Jos. K. Shriver, D.M.E.

M. D. or other

Address Cambridge Date signed June 10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1940
BUREAU V. S.

05388

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge R.F.D. Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Arthur T Billings

3. (b) Social Security Number no

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

B (b) Name of husband or wife: Adaline Diaz

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): 8/15/1870

8. AGE: Years 69 | Months 9 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace: Connecticut (Town, county, and state)

10. Usual occupation: Pay Master Retd

11. Industry or business: North British Ins Co

FATHER

12. Name: Handy E Billings

13. Birthplace: N. Y.

MOTHER

14. Maiden name: not known —

15. Birthplace: —

16. Informant: Arthur W. Billings

Address: Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/28/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md

18. Funeral director: G. L. Concepts

Address: Cambridge Md

19. 6-6 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 10 1939, to May 25 1940, and that I last saw him alive on May 25 1940.

Immediate cause of death: Probable myelogenous ~~lukemia~~ leukemia

DURATION: ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Tissue diagnosis as yet not reported

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wylie M Faw M. D. or other

Address: Cambridge Md Date signed May 26 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

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JUL 5 1940
BUREAU V. S.

05389

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30 f)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 213 Cedar St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Brannock

3. (b) Social Security Number —

4. Sex male

5. Color or race colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28 1940

8. AGE: Years | Months | Days | If less than one day hrs. 35 min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Overlee Ennals

13. Birthplace Dorchester Co Md

MOTHER

14. Maiden name Margorie Brannock

15. Birthplace Wickens Neck Dorchester Co Md

16. Informant Overlee Ennals

Address Cambridge Route 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29, 1940 (month) (day) (year)

Cemetery or crematory Rock Cem.

Location Cambridge, R.F.D #1

18. Funeral director Overlee Ennals (Father)

Address Cambridge Rt #1

19. 5-29 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 10:05 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to May 28 1940, and that I last saw her alive on May 28 1940.

Immediate cause of death Syphilis

Due to Mother under luetic treatment

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD M. D. or other

Address Prin & Cedar Sts Date signed 5-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-C)

CERTIFICATE OF DEATH

05390

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Galestown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Galestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Winfield Brimsfield

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary Brimsfield
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) April 22 1863

8. AGE: Years 77 | Months | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace Delaware (Town, county, and state)
10. Usual occupation Retired Merchant
11. Industry or business
FATHER 12. Name William Brimsfield
13. Birthplace Maryland
MOTHER 14. Maiden name Mary Cropper
15. Birthplace Maryland
16. Informant Mary Brimsfield
Address Seaford Del R7.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Galestown May 2 1940
Location Graveyard Boys
18. Funeral director
Address Sharptown
19. May 2 1940 H L Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 1940, 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1889 to May 1 1940
and that I last saw him alive on April 29 1940

Immediate cause of death Carcinoma Mouth. — DURATION 184.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H.S. Kuhlman M.D.
M. D. or other
Address Sharptown Md Date signed 5/2/40

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05391

1. PLACE OF DEATH (180)

County Dorchester Registration Dist. No. 111

Village or City near Rhodesdale No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Henry Camper, Jr. If U. S. Veteran, specify WAR

(a) Residence: No. Rhodesdale Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 16, 1939

7. AGE Years Months 10 Days — If LESS than 1 day, — hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore city
(State or country)

FATHER
13. NAME Lewis Henry Camper
14. BIRTHPLACE (city or town) Dorchester Co Md
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Ennals
16. BIRTHPLACE (city or town) Dor. Co Md
(State or country)

17. INFORMANT Lewis Henry Camper Father
(Address) Rhodesdale

18. BURIAL, CREMATION, OR REMOVAL
Place Thompson Town Date May 16 1940

19. UNDERTAKER Louis H. Camper
(Address) Rhodesdale Md

20. FILED May 16, 1940 H. E. Parker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from was burned to death, 19 , to 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Accident
Child was burned to death at home hour, about 6 a.m. May 16 - 40

Other Contributory Causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury May 16 1940

Where did injury occur at the home near E. Fr. Market
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. at home

Manner of injury Burned to death, in house

Nature of injury Burned beyond recognition

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. C. Frazier M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05392

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Galestown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 39 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Galestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Calvin L. Cannon

3. (b) Social Security Number: 214-16-4034

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alice Cannon
6(c) If alive, give age: 31 years
7. Birth date of deceased (mo., day, yr.): Dec 18 1900
8. AGE: Years: 39 Months: 5 Days: 7 If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: General Labor
11. Industry or business:
FATHER 12. Name: Jerry Cannon
13. Birthplace: Maryland
MOTHER 14. Maiden name: Peale Fisher
15. Birthplace: Md.
16. Informant: Alice Cannon
Address: Seaford Del R.D.
17. (Burial, cremation, or removal. Which?): Burial Date thereof (month) (day) (year): May 28 1940
Cemetery or crematory: Galestown
Location:
18. Funeral director: Graves & Bros
Address: Sharptown
19. (Date rec'd by registrar): May 28 1940 Registrar: H. L. Hastings

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 26 1940, at 11 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 11 1939, to May 26 1940, and that I last saw h-- alive on May 25 1940.

	DURATION
Immediate cause of death: Pulmonary Hemorrhage	1 Day
Due to: Pulmonary Tuberculosis	16 Months
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: I. A. B. Allen M. D. or other
Address: Seaford Del Date signed: May 27/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05393

Reg. Dist. No. 440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worchester
City or town Hurlock
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 7 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Lowrey Cooling

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lucy Cooling
6(c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.): Sept 23 1867
8. AGE: Years 72 Months 7 Days 20 If less than one day ____hrs. ____min.
9. Birthplace Md (Town, county, and state)
10. Usual occupation Retired
11. Industry or business —
12. FATHER Name William Cooling
13. Birthplace Md
14. MOTHER Maiden name Mary Lowrey
15. Birthplace Md
16. Informant Mrs O. R. Corkran
Address Hurlock Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Bridgeville Del
18. Funeral director F. B. Willoughby
Address Hurlock Md
19. May 15 1940 (Date rec'd by registrar) Chas V Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/12 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/7 1940, to 5/12 1940, and that I last saw him alive on 5/7/40 1940

Immediate cause of death Acute Coronary Occlusion — DURATION

Due to —

Due to —

Other conditions Apoplexy

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE G Rogers Meyers M. D. or other Hurlock Md

Address Hurlock Md 5/14/40 Date signed

RECEIVED
MAY 31 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

CERTIFICATE OF DEATH

05394

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge (WITHIN CORPORATE LIMITS)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 17 Park Lane
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 17 Park Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard - Lee - Dennis

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	Col.	married

6 (b) Name of husband or wife Elizabeth Trader
6(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) Dec. 8 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	4	29	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name unknown
13. Birthplace
MOTHER 14. Maiden name Hester Dennis
15. Birthplace Virginia
16. Informant Elizabeth Dennis
Address 17 Park Lane
17. (Burial, cremation, or removal. Which?) Date thereof May 5 1940 (month) (day) (year)
Cemetery or crematory Wrought Cemetery
Location Cambridge, Md.
18. Funeral director T. M. Sullivan
Address Cambridge Md
19. 5-4 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1941, at 8-15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Chronic Myocarditis	4 yrs
Due to	
Other conditions X	

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address Cambridge Date signed May 2/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(83-a)

CERTIFICATE OF DEATH

05395

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester WITHIN CORPORATE LIMITS
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Water end of Willis St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2-5 Willis St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grant T Fisher

3. (b) Social Security Number no —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-22-1865

8. AGE: Years	Months	Days	If less than one day
75	—	6	hrs. min.

9. Birthplace Dor Co Md
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business House

FATHER 12. Name John O. Fisher

13. Birthplace Md

MOTHER 14. Maiden name Sarah Miller

15. Birthplace Md

16. Informant Mrs Chas O. Kelly

Address Cambridge Md

17. Burial Date thereof 5/30/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Church

Location Jesterville Md

18. Funeral director H & L Campbell

Address Cambridge Md

19. 5-30 1940 John Meade Wm
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19— to — 19—, and that I last saw h— alive on — 19—.

Immediate cause of death Cerebral Haemorrhage — DURATION Immediate

Due to —

Due to —

Other conditions Had fallen into shallow water drowning may have had a secondary effect.
(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Jas. K. Shriver, D. M. C.
M. D. or other

Address Cambridge Md Date signed May 28 1940

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

05396

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: WITHIN CORPORATE LIMITS OF

County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mill St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 38 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Leone Fell Henry

3. (b) Social Security Number —

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married —

6 (b) Name of husband or wife W. Laird Hendy Jr

6(c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 8-10-1901

8. AGE: Years 38 | Months 9 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace Cambridge, Md —
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name Wm Fell
13. Birthplace Pa

MOTHER
14. Maiden name Ethel Hendy
15. Birthplace Md

16. Informant W. Laird Hendy Jr

Address Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/22/40 (month) (day) (year)

Cemetery or crematory Christ Church

Location Cambridge Md

18. Funeral director G S Le Compte

Address Cambridge Md

19. 5-21 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 20 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940, to May 20 1940, and that I last saw her alive on May 20 - 1940 19

Immediate cause of death Central hemorrhage

Due to Violent & all striking right side of head.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 2 weeks ago

Where did injury occur? Cambridge (City or town) Dorchester (County) Md. (State)

Injured at home, farm, industry, public place (where?) home of cousin

Means of injury & all striking head Injured at work?

23. SIGNATURE Guy Steele M.D. or other

Address Cambridge Md Date signed 5/21-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940

STATE OF MARYLAND—CERTIFICATE OF DEATH

05397

1. PLACE OF DEATH

County Dorchester Co — Registration Dist. No. 116

Village or City Cambridge — No. Cambridge-Md. Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Jonas J. Hughs — If U. S. Veteran, specify WAR ____

(a) Residence: No. Blackwater St., Cambridge Ward — (Usual place of abode) — If nonresident give city or town and State

WITHIN CORPORATE LIMITS OF

46E

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband name Hughs

6. DATE OF BIRTH (month, day, and year): June 10 1869

7. AGE: Years 70 — Months 11 — Days 3 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: no

10. Date deceased last worked at this occupation (month and year): 1 year 90

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Dorchester Co

FATHER

13. NAME: John Hughs

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Mar Cook

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Maney Hughs

18. BURIAL, CREMATION, OR REMOVAL — Place: Hughs Mishia — Date: May 17, 1940

19. UNDERTAKER (Address): Lewis H Baynum, Cambridge Md

20. FILED: 5-17, 1940 John Meace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from — , 19__, to May 13, 1940

I last saw him alive on 5/13, 1940; death is said to have occurred on the date stated above, at 11.45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Partial intestinal obstruction — Date of onset

Other Contributory Causes of Importance: Probably carcinoma of small intestine though no palpable mass could be demonstrated

Name of operation: none — Date of ____

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no — Date of Injury ____, 19__

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ____

(Signed) Guy Stull M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JUN 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

05398

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge WITHIN CORPORATE LIMITS
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Maryland Hospital
Stay in hospital or inst. (yrs., or mos., or days): 6 wks
Stay in this community (yrs., or mos., or days): 6 wks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R. F. D.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Jenkins

3. (b) Social Security Number: none.

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: unknown
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): 1865
8. AGE: Years: 75 Months: — Days: — If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm
FATHER 12. Name: Stephen Jenkins
13. Birthplace: Md
MOTHER 14. Maiden name: Mary Jane Wilson
15. Birthplace: Md
16. Informant: Henry Jenkins (self)
Address:
17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 7 1940 (month) (day) (year)
Cemetery or crematory: East New Market
Location: Md
18. Funeral director: H. H. Willoughby
Address: East New Market
19. 5-7 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 6 1940, at 1 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 22 1940, to May 6 1940, and that I last saw him alive on May 6 1940.
Immediate cause of death: Probably cerebral hemorrhage. History was very hazy. C.W.G.B.
Asthenia — DURATION: 6 wks
Due to Hemiplegia — 10 wks
Due to Hypertension — —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: ✓
Of autopsy: ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver, M. D. M. D. or other
Address: Cambridge Date signed: May 6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

05399

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 427 High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 427 High
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Henry Miles

3. (b) Social Security Number 212-12-3304

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	widowed

6 (b) Name of husband or wife Letitia Miles

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1862

8. AGE:

Years	Months	Days	If less than one day
77	11	8	hrs. min.

9. Birthplace Upper Hill Somerset Co Md
(Town, county, and state)

10. Usual occupation Gen. Laborer

11. Industry or business

FATHER

12. Name William Miles

13. Birthplace Upper Hill Somerset Co Md

MOTHER

14. Maiden name Mary Waters

15. Birthplace Upper Hill Somerset Co Md

16. Informant Josephine Waters

Address 427 High St Cambridge Md

17. Burial Date thereof June 2nd 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Wrought Cemetery

Location Cambridge, Md.

18. Funeral director W M St Clair

Address 408 Muir St, Cambridge Md

19. 6-1 1940 John Meace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28 1940, at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 2 1940, to May 28 1940, and that I last saw h alive on May 28 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	4-2-40
Due to Hypertension	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair M.D.
M. D. or other

Address Prince & Cedar Sts Date signed 5-31-40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05400

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 5

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 3 mos. 12 d
Stay in this community (yrs., or mos., or days): 3 yrs. 3 mos. 12 d

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida Parks

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elijah Parks
6(c) If alive, give age: Unknown yrs
7. Birth date of deceased (mo., day, yr.): May 18 1878
8. AGE: Years: 62 Months: 0 Days: 10 If less than one day: hrs. min.
9. Birthplace (town, county, and state): Smith's Island Somerset Co. Maryland
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: Isachar Brown
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Margaret Marsh
MOTHER 15. Birthplace: Maryland
16. Informant: Hospital Records
Address: Eastern Shore State Hosp. Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 30 1940 (month) (day) (year)
Cemetery or crematory: Crisfield Cem.
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield, Md
19. 5-29 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 28 1940, at 2.45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to May 28 1940 and that I last saw her alive on May 28 1940.

	DURATION
Immediate cause of death: Bronchopnuemonia	30 da
Due to:	
Due to:	
Other conditions: Moderate Arteriosclerosis	3 yr
Involutional Psychosis	13 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles V Taylor M.D.
M. D. or other
Address: Cambridge, Md Date signed 5/28/40

RECEIVED
JUN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05401

(131-B)

1. PLACE OF DEATH

County Dorchester Co Registration Dist. No. 116

Village or City Cambridge nd No. WITHIN CORPORATE LIMITS OF St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tom Pierce (Tom Pierce) If U. S. Veteran, specify WAR

(a) Residence: No. 2 Bethel St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband married ame pierce

6. DATE OF BIRTH (month, day, and year): Dont know

7. AGE: Years 66 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: no

10. Date deceased last worked at this occupation (month and year): 1 year

11. Total time (years) spent in this occupation: 40 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore nd

FATHER

13. NAME: Dont know

14. BIRTHPLACE (city or town) (State or country): Dont know

MOTHER

15. MAIDEN NAME: Dont know

16. BIRTHPLACE (city or town) (State or country): dont know

17. INFORMANT (Address): ame pierce 2 Bethel St. Cambridge

18. BURIAL, CREMATION, OR REMOVAL

Place: Salty Land Date: Cherry Bridge dec 15th 1940

19. UNDERTAKER (Address): Lewis H Bayne Cambridge nd

20. FILED: 5-14, 1940 John Moore Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1940, to May 13, 1940

I last saw him alive on May 2, 1940; death is said to have occurred on the date stated above, at 7.10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia	1 wk.
Other Contributory Causes of importance: Chronic deflection	6 mos.

Name of operation: none Date of: none

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Gilbert E. Wilkins M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93-1

05402

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs. 6 mos. 17 days

Stay in this community (yrs., or mos., or days): " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 705 Clarke Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Annie Richardson

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: George E. Richardson

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): October 1 1858

8. AGE: Years	Months	Days	If less than one day
81	7	30	____ hrs. ____ min.

9. Birthplace: Wicomico Co. Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: Peter Baker

13. Birthplace: Unknown

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Hospital Records

Address: State Hospital Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 31 1940 (month) (day) (year)

Cemetery or crematory: Millsboro.

Location: Millsboro Delaware.

18. Funeral director: Wm. Howard Wells.

Address: Pittsville. Md.

19. 5-31 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 30 1940 at 1220 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to May 30 1940, and that I last saw her alive on May 29 1940.

Immediate cause of death	DURATION
Chronic Myocarditis & Myocardial Degeneration	2yrs6m
Due to	
Due to	
Other conditions: Cerebral Thrombosis	4 mos
Chronic cholecystis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles Waylon M.D. M. D. or other

Address: Cambridge, Md. Date signed:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

05403

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 Yrs. 5 Mo. 8 da.

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: East New Market Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Ross

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband / wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2, 1865

8. AGE:

Years	Months	Days	If less than one day
75	1	25	hrs. min.

9. Birthplace: Easton, Talbot County, Md.
(Town, county, and atate)

10. Usual occupation: Farm Laborer

11. Industry or business: Agriculture

FATHER
12. Name: Charles Wilson Ross
13. Birthplace: Easton, Talbot County, Md.

MOTHER
14. Maiden name: Georgianna Perry
15. Birthplace: Easton, Talbot County, Md.

16. Informant: Hospital Records, State Hospital,

Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/28/40 (month) (day) (year)

Cemetery or crematory: Hospital

Location: Cambridge Md

18. Funeral director: C.S. LeCompte

Address: Cambridge Md

19. 5-29-40 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 27 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to May 27 1940, and that I last saw him alive on May 27 1940

Immediate cause of death	DURATION
Chronic myocarditis and degeneration	2/40
Due to	
Due to	
Other conditions: Generalized arteriosclerosis Prior to 1937	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles Wayne M.D.
M. D. or other

Address: Cambridge, Md. Date signed

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BUREAU V. S.

05404

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73-a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester.

City or town Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 324 Willis St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Dorchester.

City or town Cambridge Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 324 Willis St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME James Edward Renark.

3. (b) Social Security Number None.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: Julia E. Lewis.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 8, 1859

8. AGE: Years 80 Months 10 Days 3 If less than one day ____ hrs. ____ min.

9. Birthplace: Hoopers Island. Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation: Waterman.

11. Industry or business

FATHER
12. Name: Edward J. Renark.
13. Birthplace: Hoopers Island, Md.

MOTHER
14. Maiden name: Margaret E. Adams.
15. Birthplace: Hoopers Is. Md.

16. Informant: Mrs James B. Slacum.
Address: Cambridge Md.

17. Burial. Date thereof May 14, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: London Park Cemetery.

Location: Baltimore, Md.

18. Funeral director: Frank E. Albaugh.
Address: Cambridge Md.

19. 5-12 1940 Jable Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 9:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/14 1939 to May 11 1940, and that I last saw him alive on May 11 1940.

Immediate cause of death: Aplastic Anemia with myocardial failure

Due to

Due to

Other conditions: Senility, Avitaminosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 1 year.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md. Date signed 5/12/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAY 27 1940
BUREAU V. S.

Dr. Lemmon

M

C

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T

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-a)

05405

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock – Rural Near
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Waddell's Corner Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 mons. 13 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock – Rural Near Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Waddell's Corner Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Shirley Ann Smith

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 2, 1939

8. AGE:

Years	Months	Days	If less than one day
—	5	13	____ hrs. ____ min.

9. Birthplace Hurlock Dorchester Co. Md. R.F.D.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Harvey Smith
13. Birthplace Hurlock, Md., R.F.D.

MOTHER
14. Maiden name Helen Quailes
15. Birthplace Williamsburg, Md., R.F.D.

16. Informant Harvey Smith
Address Hurlock, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16, 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalsburg, Maryland

19. May 16 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15 1940, at 9:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 24 1940, to May 12 1940, and that I last saw h CV alive on May 12 1940.

Immediate cause of death Hydrocephalus

Due to

Due to Congenital

Other conditions Increased Intra Cranial Pressure
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Birth

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE W. E. Lemmon MD
M. D. or other

Address Federalsburg Md Date signed 5-16-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-c)

CERTIFICATE OF DEATH

05406

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A 15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 8 mo. 2 da.
Stay in this community (yrs., or mos., or days): " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince Georges
City or town: 3305 - 34th St. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Mt. Ranier, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ernest Linwood Tignor

3. (b) Social Security Number: Unknown

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rachael Wilkinson

6(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): January 19, 1890

8. AGE: Years: 50 Months: 3 Days: 14 If less than one day: hrs. min.

9. Birthplace: Richmond, Virginia
(Town, county, and state)

10. Usual occupation: Clerical

11. Industry or business: Unknown

FATHER
12. Name: John J. Tignor
13. Birthplace: King William County, Virginia

MOTHER
14. Maiden name: Margaret Bradley
15. Birthplace: King & Queen County, Virginia

16. Informant: Hospital Records, State Hospital,
Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6-1940 (month) (day) (year)
Cemetery or crematory: Richmond
Location: Richmond, Va.

18. Funeral director: Joseph B. Bliley, Co. Parkt.
Address: Richmond, Va. Cambridge, Md.

19. 5-4 1940 (Date rec'd by registrar) John Meace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 4 1940, at 12:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1 1939, to May 4 1940, and that I last saw him alive on May 3 1940

	DURATION
Immediate cause of death: Exfoliative Dermatitis	
(Neoarsphenamine)	15 Days
Due to: Sensitivity to Neoarsphenamine	
Neurosyphilis (Late Latent)	Unknown
Due to: Chronic Nephritis	1939
Chronic Alcoholism	1939
Other conditions: Moderate Hypertension	1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Percy G. Haulenbeek M. D. or other
Address: State Hospital Cambridge Date signed:

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05407

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 113

Village or City Taylor's Fold No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie Travers If U. S. Veteran, specify WAR

(a) Residence: No. Taylors Island St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: feme

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mercedes wife of Edward Travers

6. DATE OF BIRTH (month, day, and year): July 4 1885

7. AGE: Years 54 Months 10 Days 9 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Md

10. Date deceased last worked at this occupation (month and year): May 4

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Golden Hill

FATHER

13. NAME: John Griffin

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Angeline Ennell

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hurley Travers Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place: Taylors Island Date: May 16, 1940

19. UNDERTAKER (Address): Lemuel H Bowman

20. FILED: May 15, 1940 J. R. Neild Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 13 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1940 to May 13, 1940

I last saw her alive on May 11, 1940; death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 5 1940

Other Contributory Causes of importance:

Valvular Heart Disease	1939
Arterio-Sclerosis	1939

Name of operation: None Date of: None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) Gilbert E. Mechanic M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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JUN 6 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

05408

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 301 Willis St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Warfield

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14. 1940.

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hrs. 0 min.

9. Birthplace Cambridge Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Goldsborough Harold Warfield

13. Birthplace Thomas Md.

MOTHER 14. Maiden name Elizabeth Emma Warfield

15. Birthplace RFD #3 Cambridge Md.

16. Informant Goldsborough Warfield

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/16/40 (month) (day) (year)

Cemetery or crematory Speddens

Location James. Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 5-15 1940 (Date rec'd by registrar) John Mall Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14. 1940, at 4:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14 1940, to May 14 1940, and that I last saw h 1M ~~alive on~~ dead. 5/14 1940.

Immediate cause of death Toxemia from eclamptic mother

DURATION

~~Due to~~ Prematurity

Due to

Other conditions Partial narcosis.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 5/16/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-a)

CERTIFICATE OF DEATH

05409

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Near Galestown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Near Galestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph B. Wheatley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Lenzie Wheatley
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 16 1867

8. AGE: Years	Months	Days	If less than one day
73	4	5	hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Silas Wheatley
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Vaughn
15. Birthplace Maryland

16. Informant Mrs Lenzie Wheatley
Address Seaford Del RD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 23-1940 (month) (day) (year)
Cemetery or crematory Galestown
Location
18. Funeral director Graves & Bros
Address Sharptown

19. May 23 1940 (Date rec'd by registrar) A. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 21 1940, at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1939, to May 21 1940, and that I last saw him alive on May 21 1940.

Immediate cause of death	DURATION
Prostatic Hypertrophy	6 years
Due to Chronic Cystitis	2 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M.D.
Address Sharptown Md M. D. or other
Date signed 5/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 112

05410

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town aireys Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: —
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town aireys Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Ralph G Wheeler

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Virgie Murphy
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-13-1893

8. AGE: Years	Months	Days	If less than one day
47	1	13	hrs. min.

9. Birthplace Madison Md
(Town, county, and state)
10. Usual occupation Fisherman
11. Industry or business Fisherman

FATHER
12. Name Thos Wheeler
13. Birthplace Md

MOTHER
14. Maiden name Sarah Burton
15. Birthplace Md

16. Informant Mrs Virgie Wheeler
Address Cambridge R F D Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/20/40 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G H Le Compte
Address Cambridge Md

19. 5-20 1940 Ophelia Mace Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940 6:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 18 1940
and that I last saw h— alive on September 1939

Immediate cause of death Pulmonary Hemorrhage — DURATION 15 min

Due to Bronchial Asthma — yrs (?)

Due to (?)

Other conditions Pt. was dead on my arrival.
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Julius E Meekins M.D.
M. D. or other
Address Cambridge Md Date signed 5-18-1940

RECEIVED
JUN 4 1940
HAWAII V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05411

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (55-E)

County Dorchester — WITHIN CORPORATE LIMITS OF — Registration Dist. No. 116

Village or City Cambridge — No. Maryland Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Charles Wilcox — If U. S. Veteran, specify WAR ____

(a) Residence: No. R 3 Cambridge St., ____ Ward. — If nonresident give city or town and State

(Usual place of abode)

no Social Security number.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Cook

6. DATE OF BIRTH (month, day, and year) Feb. 20 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	51	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. carpenter

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Michigan (State or country)

FATHER

13. NAME Stephen O. Wilcox

14. BIRTHPLACE (city or town) Mich. (State or country)

MOTHER

15. MAIDEN NAME Mary Arnold

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT Samuel Linthicum (Address) Cambridge R+3

18. BURIAL, CREMATION, OR REMOVAL Place Spedden Cem. Date May 8, 1940

19. UNDERTAKER L. S. LeCompte (Address) Cambridge Md.

20. FILED 5-8, 1940 John Mace W. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1936, to May 5, 1940

I last saw him alive on May 5, 1940, death is said to have occurred on the date stated above, at 6:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	6 mos.
Primary site	
Glands of right	
Groin	

Other Contributory Causes of importance:

Name of operation Excision of Gland — Date of March 25, 1940

What test confirmed diagnosis? Microscopic Exam. — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ____, 19____

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Schneider M.D. M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinitc terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. Statc the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precisc statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the modc of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN